Appeal/Grievance Request Form

BlueCross BlueShield of Arizona
An Independent Licensee of the Blue Cross and Blue Shield Association

You may use this form to tell BCBSAZ you want to appeal or grieve a decision.

Member Name _____

Member ID # _____

Name of representative pursuing appeal, if different than above _____

Phone # _____

Mailing Address _____

City, State, Zip Code _____

Type of Appeal/Grievance ☐ **Denied Claim** ☐ **Denied Service Not Yet Received** ☐ **Cost Share Dispute**

Claim # (if applicable) _____ **Date of Service** _____

If you are appealing BCBSAZ's decision to deny a service you have not yet received, could a 30 to 60 day delay in receiving the service likely seriously jeopardize your life or health or your ability to regain maximum function, cause a significant negative change in your medical condition, or subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request? If your answer is "Yes," you may be entitled to an expedited appeal. Your treating provider can send us the attached certification and documentation supporting the need for an expedited appeal.

What action or decision are you disputing? _____

Explain why you believe the decision or action was wrong and what you would like BCBSAZ to do differently:

_____

_____

_____

(Attach additional sheets of paper, if needed)

If you have questions about the appeal or grievances process or need help to prepare your request, please call BCBSAZ at (602) 864-4400 or (800) 232-2345.

Make sure that everything that shows why you believe BCBSAZ should process your claim differently or authorize a service, including: ☐ Medical Records ☐ Supporting Documentation (letter from your doctor, brochures, notes, receipts, etc.) You may attach the certification from your treating provider if you are seeing an expedited review. Send to:

Blue Cross Blue Shield of Arizona
Medical Appeals and Grievances Department
P.O. Box 13466, Mail stop A116
Phoenix, AZ 85002-3466
Phone: (602) 544-4938 or (866) 595-5998
Fax: (602) 544-5601

Signature of member or authorized representative _____ Date _____